



Montgomery County Maryland  
Department of Permitting Services  
(240) 777-6240 Fax (240) 777-6262  
<http://permittingervices.montgomerycountymd.gov>

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, Maryland 20850-4153

## ELECTRICAL LICENSE EXAMINATION APPLICATION



MINIMUM QUALIFYING EXPERIENCE		BASE FEE	10% Fee	TOTAL
<input type="checkbox"/>	APPRENTICE (no examination required- this is a registration only-per year)	\$28.00	\$2.80	\$30.80
<input type="checkbox"/>	JOURNEYMAN (over 300 amp service) 4 YEARS	\$34.00	\$3.40	\$37.40
<input type="checkbox"/>	MASTER ELECTRICIAN LIMITED 4 YEARS	\$53.00	\$5.30	\$58.30
<input type="checkbox"/>	MASTER ELECTRICIAN 8 YEARS	\$53.00	\$5.30	\$58.30

- If limited license is requested, indicate nature of work: \_\_\_\_\_

\*A 10% Automation Enhancement fee has been added to all fees listed.

FOR OFFICE USE ONLY		EXAM	
License No: _____		Check No. _____	Fee Paid: _____
Date Issued: _____	Expiration Date: _____	Receipt No. _____	Date: _____
Check No: _____	Receipt No: _____	Approved { }	Rejected { }
Board member's signature _____		Date: _____	

FOR BOARD USE ONLY			
EXAMINATION	DATE	GRADE	BOARD MEMBERS SIGNATURE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Education (Please circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

High School: \_\_\_\_\_ College: \_\_\_\_\_

Trade School: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_ Year: \_\_\_\_\_

### REFERENCES

To assist the Board in evaluating your qualifications, each applicant must furnish the names and addresses of at least three (3) references who have personal knowledge of your character, reputation and experience, none of whom are relatives, either by birth or marriage.

## REFERENCES (CONT.)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

## EXPERIENCE

Verification of experience is required on employer's letterhead, signed by a Master Electrician of the company. License number and jurisdiction of Master Electrician must be indicated on letter.

Employers Name	Address	Title of Position
Nature of Work		From To
Employers Name	Address	Title of Position
Nature of Work		From To
Employers Name	Address	Title of Position
Nature of Work		From To

## LICENSES AND VIOLATIONS

Have you ever been convicted of any electrical license related criminal act in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever operated as an Electrical Contractor Business in Montgomery County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an Electrical License or Bond suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any electrical violations outstanding against electrical permits issued to you in any jurisdiction within the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**(If YES to any of the above questions, give dates, license #, and details on a separate sheet.)**

## AFFIDAVIT

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF." I further authorize the release of any information contained within this application to an authorized representative of the Department of Permitting Services for further investigation.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_